

NM SLD Radiochemistry Lab Data SMC Samples 2009

SMC-00; SMC-01; SMC-03; SMC-04; SMC-05;
SMC-06, SMC-07; SMC-08; SMC-09; SMC-10;
SMC-11; SMC-12; SMC-13; SMC-14; SMC-16;
SMC-17; SMC-18; SMC-20; SMC-21; SMC-22;
SMC-23; SMC-24; SMC-25; SMC-26; SMC-28;
SMC-30, SMC-32; SMC-33; SMC-34; SMC-35;
SMC-36. SMC-31.



SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

April 27, 2009

Request

ID No. 2424855

ANALYTICAL REPORT

SLD Accession No. RC-2009-0036

Distribution(x) User 55321
(x) Submitter 541
. Client -
(x) SLD FilesTo: NMED GWQ Bureau Abatement and Asse
P.O. Box 26110
Santa Fe, NM 87502Submitter: NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 10:39	In/Near:	SMC-00

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	-0.2	0.2	0.5	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	-0.2	0.2	0.5	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	0.4	0.5	0.9	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	0.4	0.5	1.0	pCi/L	Crowell	SM 7110 B
15262-20-1	Radium-228, SDWA Method	0.08	0.10	0.15	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By:

Nidal Jadalla

4/27/2009

Supervisor, Radiochemistry Section



NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)

Scientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500

2424855

One Form
Per Sample

One Form
Per Sample

RC0900036

LAB USE>>>09 APR -1 11 9:16 DATE 55321 (GWB - remediation superfund) 55000 (DWB - SDWA - fee-for-service) TIME 55410 (GWB - pollution prevention) 55420 (DWB - non-reg. contaminants) STAMP 55910 (SWQB - MS) 64000 (Individual client fee-for-service) ONLY 55920 (SWQB - PSRS) OTHER (enter 5-digit user code)

LAB USE - SAMPLE TEMPERATURE (deg. C): 12 SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3

SUBMITTER CODE (3-digit): 541 WSS ID (xxxxxxxx): FACILITY ID: SITE ID:

FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation

FACILITY LOCATION (if no WSS complete boxes): County: McKinley City: State: NM, or change to:

SAMPLING LOCATION: SMC-00

DATE COLLECTED (MM-DD-YY): 3/31/09 BY (First Last) Name: MARK GARMAN

TIME COLLECTED (HH:MM 24-hr): 1039 Sampler ID #

SAMPLE INFO CONTACT Phone: 476-3777 Name if not collector: David L. Mayerson

New / Change Address for Submitter Name:

New / Change Address for WSS / Client Address: 1190 St. Francis Dr. N2300

Send an additional report to City: Santa Fe, NM 87502

FIELD DATA AND REMARKS Non-chlorinated Chlorinated Residual (mg/l): pH: Conductivity (uS/cm): Temperature (deg. C):

Field remarks:

SAMPLING DOCUMENTATION NMED monitoring Compliance Non-compliance Split with facility Grab sample Composite

Finished water Raw water Confirmation Other Describe:

SAMPLE TYPE Filtered water Non-filtered water Soil/Sediment Sludge Blood Urine Tissue Saliva Swipe/Smear

Other air/liquid/solid Describe:

PRESERVATION None Shipped at < 4 C HCl added to pH < 2 HNO3 added to pH < 2 H2SO4 added to pH < 2 Asc. acid added

Lab to acidify NaOH added to pH > 12 Other Describe: lab to acidify

HM ANALYSES LIST

OR ANALYSES LIST

RC ANALYSES LIST 803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)

WC ANALYSES LIST

ADDITIONAL ANALYSES

FOR LAB USE Field preservation confirmed Preserved to pH > 12 at Lab Preserved to pH < 2 at Lab Date/Initial: 1 Apr 09 JLE

Lab Remarks:

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on at the sample identified on the container(s) and this form by Request ID number

Date Time was transferred with evidentiary seal(s) (check applicable box) Not Present Present & Intact Present & Damaged

Released by: Signature & Received by: Signature

Additional Transfer If Applicable

We, the undersigned, certify that on at the sample identified on the container(s) and this form by Request ID number

Date Time was transferred with evidentiary seal(s) (check applicable box) Not Present Present & Intact Present & Damaged

Released by: Signature & Received by: Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

May 29, 2009

Request

ID No. 2424856

ANALYTICAL REPORT

SLD Accession No. RC-2009-0037

Distribution(x) User 55321
(x) Submitter 541
Client -
(x) SLD FilesTo: NMED - Ground Water Pollution Preventio
P.O. Box 26110
Santa Fe, NM 87502User: DAVID L MAYERSON
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 13:35	In/Near:	SMC-01

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	16.4	1.5	1.2	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	18.8	1.7	1.4	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	9.9	1.5	2.2	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	9.7	1.5	2.1	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	33.	3.3	1.0	uG/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.04	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.14	0.06	0.12	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".



Reviewed By:

Nidal Jadalla

5/29/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU		ANALYTICAL REQUEST FORM (INTERACTIVE)	
2424856		One Form Per Sample		One Form Per Sample RC0900037	
LAB USE ONLY		DATE <<<TIME STAMP		55321 (GWB - remediation superfund)	
LAB USE ONLY		55410 (GWB - pollution prevention)		55000 (DWB - SDWA - fee-for-service)	
LAB USE ONLY		55910 (SWQB - MS)		55420 (DWB - non-reg. contaminants)	
LAB USE ONLY		55920 (SWQB - PSRS)		64000 (Individual client fee-for-service)	
LAB USE ONLY		OTHER (enter 5-digit user code)			
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME:		San Mateo Creek Basin Site Investigation		SITE ID:	
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley		City: State: NM, or change to:	
SAMPLING LOCATION:		SMC-01			
DATE COLLECTED (MM-DD-YY):		3/31/09		BY (First Last) Name: MARK GARMAN	
TIME COLLECTED (HH:MM 24-hr):		1335		Sampler ID #	
SAMPLE INFO CONTACT Phone:		476-3777		Name if not collector: David L. Mayerson	
New / Change Address for Submitter ----->		Name:			
New / Change Address for WSS / Client ----->		Address:		1190 St. Francis Dr. N2300	
Send an additional report to ----->		City:		Santa Fe, NM 87502	
FIELD DATA AND REMARKS		Non-chlorinated Chlorinated Residual (mg/l):		pH: Conductivity (uS/cm): Temperature (deg. C):	
Field remarks:					
SAMPLING DOCUMENTATION		NMED monitoring Compliance Non-compliance Split with facility		Grab sample Composite	
Finished water Raw water Confirmation Other Describe:					
SAMPLE TYPE		Filtered water Non-filtered water Soil/Sediment Sludge Blood Urine Tissue Saliva Swipe/Smear			
Other air/liquid/solid Describe:					
PRESERVATION		None Shipped at < 4 C HCl added to pH < 2 HNO3 added to pH < 2 H2SO4 added to pH < 2 Asc. acid added			
Lab to acidify NaOH added to pH > 12 Other Describe:		lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		Field preservation confirmed Preserved to pH > 12 at Lab Preserved to pH < 2 at Lab		Date/Initial: 1 Apr 09 JLE	
Lab Remarks:					
Please use CHAIN OF CUSTODY FORM when requirements mandate					
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____					
was transferred with evidentiary seal(s) (check applicable box) () Not Present () Present & Intact () Present & Damaged					
Released by: _____ & Received by: _____					
Signature _____ Signature _____					
Additional Transfer If Applicable					
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____					
was transferred with evidentiary seal(s) (check applicable box) () Not Present () Present & Intact () Present & Damaged					
Released by: _____ & Received by: _____					
Signature _____ Signature _____					
Print Form		Form last modified on 12/23/08		Reset Form	

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

May 29, 2009

Request

ID No. 2424857

ANALYTICAL REPORT

SLD Accession No. RC-2009-0038

Distribution(x) User 55321
(x) Submitter 541
. Client -
(x) SLD FilesTo: NMED - Ground Water Pollution Preventio
P.O. Box 26110
Santa Fe, NM 87502User: DAVID L MAYERSON
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) "Water, Non-Filtered" sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 10:50	In/Near:	SMC-03

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	5.6	0.9	1.2	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	6.5	1.0	1.4	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	5.1	1.2	2.2	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	5.0	1.2	2.1	pCi/L	Crowell	SM 7110 B
13982-63-3	Radium-226, SDWA Method	0.01	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	-0.08	0.04	0.12	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".



Reviewed By:

Nidal Jadalla

5/29/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)



2424857

One Form
Per SampleScientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500One Form
Per Sample

Lab Accession #

RC0900038

LAB USE: 89 APR - 11 9:16
DATE
USE: 89 APR - 11 9:16
ONLY: <<<TIME
STAMP☒ 55321 (GWB - remediation superfund)☐ 55000 (DWB - SDWA - fee-for-service)☐ 55410 (GWB - pollution prevention)☐ 55420 (DWB - non-reg. contaminants)

LAB USE - SAMPLE TEMPERATURE (deg. C): 12

☐ 55910 (SWQB - MS)☐ 64000 (Individual client fee-for-service)

SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3

☐ 55920 (SWQB - PSRS)☐ OTHER (enter 5-digit user code)

SUBMITTER CODE (3-digit): 541

WSS ID (xxxxxxxx):

FACILITY ID:

SITE ID:

FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation

FACILITY LOCATION (if no WSS complete boxes):

County: McKinley

City:

State: NM, or change to:

SAMPLING LOCATION:

SMC-03

DATE COLLECTED (MM-DD-YY):

3/31/09

BY (First Last) Name:

MARK GARMAN

TIME COLLECTED (HH:MM 24-hr):

1050

Sampler ID #

SAMPLE INFO CONTACT Phone:

476-3777

Name if not collector:

David L. Mayerson

☐ New / Change Address for Submitter ----->

Name:

☐ New / Change Address for WSS / Client ----->

Address:

1190 St. Francis Dr. N2300

☐ Send an additional report to ----->

City:

Santa Fe, NM 87502

FIELD DATA

☒ Non-chlorinated☐ Chlorinated

Residual (mg/l):

pH:

Conductivity (uS/cm):

Temperature (deg. C):

REMARKS

Field remarks:

SAMPLING

☐ NMED monitoring☐ Compliance☐ Non-compliance☐ Split with facility☒ Grab sample☐ Composite

DOCUMENTATION

☐ Finished water☒ Raw water☐ Confirmation☐ Other Describe:

SAMPLE

☐ Filtered water☒ Non-filtered water☐ Soil/Sediment☐ Sludge☐ Blood☐ Urine☐ Tissue☐ Saliva☐ Swipe/Smear

TYPE

☐ Other air/liquid/solid

Describe:

PRESERVATION

☒ None☒ Shipped at < 4 C☐ HCl added to pH < 2☐ HNO₃ added to pH < 2☐ H₂SO₄ added to pH < 2☐ Asc. acid added☒ Lab to acidify☐ NaOH added to pH > 12☐ Other Describe:

lab to acidify

HM ANALYSES LIST

OR ANALYSES LIST

RC ANALYSES LIST

803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)

WC ANALYSES LIST

ADDITIONAL ANALYSES

FOR

LAB

USE

☐ Field preservation confirmed☐ Preserved to pH > 12 at Lab☒ Preserved to pH < 2 at Lab

Date/Initial:

1 Apr 09 JVE

Lab Remarks:

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

Date Time

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____

Signature

& Received by: _____

Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

Date Time

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____

Signature

& Received by: _____

Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 19, 2009

Request

ID No. 2424858

ANALYTICAL REPORT

SLD Accession No. RC-2009-0039

Distribution(x) User 55321
(x) Submitter 541
Client -
(x) SLD FilesTo: David Mayerson
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 12:24	In/Near:	SMC-04

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	17.4	1.7	0.9	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	21.1	2.1	1.1	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	5.4	1.3	1.6	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	5.2	1.3	1.6	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	19.	1.9	1.0	uG/L	Patel	200.8
13966-29-5	Uranium-234, by Alpha Spec.	11.1	0.34	0.10	pCi/L	Ewing	7500-UC
07440-61-1	Uranium-238, by Alpha Spec.	5.61	0.19	0.05	pCi/L	Ewing	7500-UC
13982-63-3	Radium-226, SDWA Method	0.08	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.15	0.05	0.13	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Laboratory Comments:



Sample contained a small amount of sediment.

Reviewed By:

Nidal Jadalla

6/19/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
 2424858 One Form Per Sample		 RC0900039 One Form Per Sample			
LAB USE>>> 09 APR - 11 9:16 ONLY		DATE 11 9:16 TIME STAMP		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 9		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)			
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation					
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley		City:	
FACILITY LOCATION (if no WSS complete boxes):		State: NM , or change to:			
SAMPLING LOCATION: SMC-04					
DATE COLLECTED (MM-DD-YY): 3/31/09		BY (First Last) Name: MARK GARMAN			
TIME COLLECTED (HH:MM 24-hr): 1224		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to ----->		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):		pH:	
Field remarks:		Conductivity (uS/cm):		Temperature (deg. C):	
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite			
<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:					
SAMPLE TYPE		<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear			
<input type="radio"/> Other air/liquid/solid Describe:					
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added			
<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe:		lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab		Date/Initial: 11 Apr 09 JLE	
Lab Remarks:					

Please use **CHAIN OF CUSTODY FORM** when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 Date Time
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
 Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 Date Time
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
 Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 19, 2009

Request

ID No. 2424859

ANALYTICAL REPORT

SLD Accession No. RC-2009-0040

Distribution(x) User 55321
(x) Submitter 541
Client -
(x) SLD FilesTo: David Mayerson
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 14:04	In/Near:	SMC-05

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	20.8	1.9	0.9	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	24.8	2.3	1.1	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	10.7	1.5	1.5	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	10.3	1.5	1.4	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	26.	2.6	1.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.05	0.02	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	-0.17	0.05	0.12	pCi/L	Ewing	904.0

Notations & Comments:



Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported, or "less than twice the standard deviation".

Reviewed By: 

Nidal Jadalla

6/19/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
 2424859 One Form Per Sample		 RC0900040 One Form Per Sample			
LAB USE>>> 09 APR - 1 AM 9:16 DATE ONLY <<<TIME STAMP		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 10					
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541	WSS ID (xxxxxxxx):	FACILITY ID:		SITE ID:	
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation					
FACILITY LOCATION (if no WSS complete boxes): County: McKinley City: State: NM , or change to:					
SAMPLING LOCATION: SMC - 05					
DATE COLLECTED (MM-DD-YY): 3/31/09		BY (First Last) Name: MARK GARMAN			
TIME COLLECTED (HH:MM 24-hr): 1404		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to ----->		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l): pH: Conductivity (uS/cm): Temperature (deg. C):			
Field remarks:					
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite <input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:			
SAMPLE TYPE		<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="checkbox"/> Soil/Sediment <input type="checkbox"/> Sludge <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Tissue <input type="checkbox"/> Saliva <input type="checkbox"/> Swipe/Smear <input type="checkbox"/> Other air/liquid/solid Describe:			
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added <input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 11 Apr 09 JLE Lab Remarks:			

Please use **CHAIN OF CUSTODY FORM** when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 Date Time
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
 Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 Date Time
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
 Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

May 15, 2009

Request

ID No. 2424874

ANALYTICAL REPORT

SLD Accession No. RC-2009-0064

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 03, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION			LOCATION				
On: 4/1/2009	By: EARLE DIXON		Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION				
At: 8:25	In/Near: Milan		SMC-06				
Analytical Results							
CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	0.1	0.2	0.5	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	0.1	0.2	0.5	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	-0.1	0.5	0.9	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	-0.1	0.5	1.0	pCi/L	Crowell	SM 7110 B
15262-20-1	Radium-228, SDWA Method	0.21	0.11	0.16	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By: 

Nidal Jadalla

5/15/2009

Supervisor, Radiochemistry Section



SMC-06

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)

Scientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500

Lab Accession # _____



2424874

SMC
06One Form
Per SampleOne Form
Per Sample

RC0900064

LAB USE>>> 09 APR -3 PM 12:58
DATE TIME
ONLY STAMP☒ 55321 (GWB - remediation superfund)☐ 55000 (DWB - SDWA - fee-for-service)☐ 55410 (GWB - pollution prevention)☐ 55420 (DWB - non-reg. contaminants)

LAB USE - SAMPLE TEMPERATURE (deg. C): 10

☐ 55910 (SWQB - MS)☐ 64000 (Individual client fee-for-service)

SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3

☐ 55920 (SWQB - PSRS)☐ OTHER (enter 5-digit user code)

SUBMITTER CODE (3-digit): 541

WSS ID (xxxxxxxx):

FACILITY ID:

SITE ID:

FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation

FACILITY LOCATION (if no WSS complete boxes):

County: McKinley/Cibola

City: Milan

State: NM, or change to: NM

SAMPLING LOCATION: SMC-06

DATE COLLECTED (MM-DD-YY): 04/01/09

BY (First Last) Name:

EARLE DIXON

TIME COLLECTED (HH:MM 24-hr): 0825

Sampler ID #

SAMPLE INFO CONTACT Phone: 476-3777

Name if not collector: David L. Mayerson

☐ New / Change Address for Submitter ----->

Name:

☐ New / Change Address for WSS / Client ----->

Address: 1190 St. Francis Dr. N2300

☐ Send an additional report to ----->

City: Santa Fe, NM 87502

FIELD DATA

☒ Non-chlorinated☐ Chlorinated

Residual (mg/l):

pH:

Conductivity (uS/cm):

Temperature (deg. C):

REMARKS

Field remarks:

SAMPLING
DOCUMENTATION☐ NMED monitoring☐ Compliance☐ Non-compliance☐ Split with facility☒ Grab sample☐ Composite☐ Finished water☒ Raw water☐ Confirmation☐ Other Describe:SAMPLE
TYPE☐ Filtered water☒ Non-filtered water☐ Soil/Sediment☐ Sludge☐ Blood☐ Urine☐ Tissue☐ Saliva☐ Swipe/Smear☐ Other air/liquid/solid

Describe:

PRESERVATION

☒ None☒ Shipped at < 4 C☐ HCl added to pH < 2☐ HNO₃ added to pH < 2☐ H₂SO₄ added to pH < 2☐ Asc. acid added☒ Lab to acidify☐ NaOH added to pH > 12☐ Other

Describe: lab to acidify

HM ANALYSES LIST

OR ANALYSES LIST

RC ANALYSES LIST

803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)

WC ANALYSES LIST

ADDITIONAL ANALYSES

FOR
LAB
USE☐ Field preservation confirmed☐ Preserved to pH > 12 at Lab☒ Preserved to pH < 2 at Lab

Date/Initial:

3 Apr 09 OUE

Lab Remarks:

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

Date Time

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature

Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

Date Time

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature

Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196

700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

July 13, 2009

Request

ID No. 2424875

ANALYTICAL REPORT

SLD Accession No. RC-2009-0065

Distribution

(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD Files

To: David Mayerson
NMED - Ground Water Pollution Preventio
P.O. Box 5469
Santa Fe, NM 87502

User: David Mayerson
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

GROUND WATER

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 03, 2009

JUL 16 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

BUREAU

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 4/1/2009	By: EARLE DIXON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 9:55	In/Near: Milan	SMC-07

Analytical Results



CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	8.2	0.9	0.8	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	9.5	1.1	0.9	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	7.0	1.1	1.6	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	6.8	1.1	1.6	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	2.	0.5	1.0	ug/L	Patel	200.8
13966-29-5	Uranium-234, by Alpha Spec.	4.03	0.12	0.03	pCi/L	Ewing	7500-UC
07440-61-1	Uranium-238, by Alpha Spec.	0.70	0.03	0.02	pCi/L	Ewing	7500-UC
13982-63-3	Radium-226, SDWA Method	1.61	0.07	0.02	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.87	0.15	0.16	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

For SDWA Reports: The MCL for gross alpha excludes the contribution from uranium, but this must be calculated from the results. When the "Gross Alpha w/U-nat Reference" value is greater than 7.5 pCi/L, the report should include a value for "Uranium, Mass Concentration" in ug/L. To convert units and exclude the uranium contribution to the gross alpha: 1) Multiply the "Uranium, Mass Concentration" value by 0.67 to convert to pCi/L; 2) Subtract this converted uranium value from the "Gross Alpha w/U-nat Reference"; 3) This calculated amount is what is compared to the gross alpha MCL of 15 pCi/L.

SMC-07

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
 2424875 <small>54K 07</small>		One Form Per Sample		 RC0900065	
LAB USE: 11:58 DATE: 04/01/09 TIME: 0955		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 11		SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3			
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation					
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley/Cibola		City: Milam State: NM , or change to: NM	
SAMPLING LOCATION: SMC-07					
DATE COLLECTED (MM-DD-YY): 04/01/09		BY (First Last) Name: EARLE DIXON			
TIME COLLECTED (HH:MM 24-hr): 0955		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to ----->		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):		pH: Conductivity (uS/cm): Temperature (deg. C):	
Field remarks:					
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite			
		<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:			
SAMPLE TYPE		<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear			
		<input type="radio"/> Other air/liquid/solid Describe:			
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added			
		<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab		Date/Initial: 3 April 09 DE	
Lab Remarks:					

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
Date Time	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____ & Received by: _____	
Signature Signature	
Additional Transfer If Applicable	
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
Date Time	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____ & Received by: _____	
Signature Signature	

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

May 29, 2009

Request

ID No. 2424860

ANALYTICAL REPORT

SLD Accession No. RC-2009-0041

Distribution(x) User 55321
(x) Submitter 541
Client -
(x) SLD FilesTo: NMED - Ground Water Pollution Preventio
P.O. Box 26110
Santa Fe, NM 87502User: DAVID L MAYERSON
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/30/2009	By: DL MAYERSON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 12:50	In/Near:	SMC-08

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	6.7	1.0	0.7	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	8.3	1.3	0.8	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	1.6	0.8	1.2	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	1.5	0.8	1.1	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	9.	0.9	1.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.02	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.89	0.12	0.12	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".



Reviewed By:

Nidal Jadalla

5/29/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)

Scientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500

2424860

One Form
Per SampleOne Form
Per Sample

RC0900041

LAB USE ONLY	DATE 03 APR - 1 9:16 <<<TIME STAMP	<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)	<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)
LAB USE - SAMPLE TEMPERATURE (deg. C):	5		
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2)	3		
SUBMITTER CODE (3-digit):	541	WSS ID (xxxxxxxx):	
FACILITY / WSS NAME:	San Mateo Creek Basin Site Investigation		
FACILITY LOCATION (if no WSS complete boxes):	County: McKinley	City:	State: NM, or change to:
SAMPLING LOCATION:	SMC-08		
DATE COLLECTED (MM-DD-YY):	03/30/2009	BY (First Last) Name:	DL Mayerson
TIME COLLECTED (HH:MM 24-hr):	1250	Sampler ID #	
SAMPLE INFO CONTACT Phone:	476-3777	Name if not collector:	David L. Mayerson
<input type="checkbox"/> New / Change Address for Submitter	Name:		
<input type="checkbox"/> New / Change Address for WSS / Client	Address: 1190 St. Francis Dr. N2300		
<input type="checkbox"/> Send an additional report to	City: Santa Fe, NM 87502		
FIELD DATA AND REMARKS	<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):	pH:	Conductivity (uS/cm):
Field remarks:	Temperature (deg. C):		
SAMPLING DOCUMENTATION	<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite		
	<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:		
SAMPLE TYPE	<input type="radio"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear		
	<input type="radio"/> Other air/liquid/solid Describe:		
PRESERVATION	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added		
	<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify		
HM ANALYSES LIST			
OR ANALYSES LIST			
RC ANALYSES LIST	803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)		
WC ANALYSES LIST			
ADDITIONAL ANALYSES			
FOR LAB USE	<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 1 Apr 09 JLE		
Lab Remarks:			

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
Date Time
was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
Date Time
was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 19, 2009

Request

ID No. 2424861

ANALYTICAL REPORT

SLD Accession No. RC-2009-0042

Distribution(x) User 55321
(x) Submitter 541
. Client -
(x) SLD FilesTo: David Mayerson
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/30/2009	By: DAVID MAYERSON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 15:05	In/Near:	SMC-09

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	7.9	1.2	0.8	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	9.7	1.5	1.0	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	7.0	1.2	1.3	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	6.7	1.1	1.2	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	21.	2.1	1.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.31	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.28	0.07	0.11	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By:

Nidal Jadalla

6/19/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)



2424861

One Form
Per SampleScientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500One Form
Per Sample

RC0900042

LAB USE ONLY	DATE 89 APR - 11 AM 9:16 <<<TIME STAMP	<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)	<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)
LAB USE - SAMPLE TEMPERATURE (deg. C):	6		
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2)	3		
SUBMITTER CODE (3-digit):	541	WSS ID (xxxxxxxx):	
FACILITY / WSS NAME:	San Mateo Creek Basin Site Investigation		
FACILITY LOCATION (if no WSS complete boxes):	County: McKinley	City:	State: NM, or change to:
SAMPLING LOCATION:	SMC-09		
DATE COLLECTED (MM-DD-YY):	03/30/09	BY (First Last) Name:	David Mayerson
TIME COLLECTED (HH:MM 24-hr):	1505	Sampler ID #	
SAMPLE INFO CONTACT Phone:	476-3777	Name if not collector:	David L. Mayerson
<input type="checkbox"/> New / Change Address for Submitter	Name:		
<input type="checkbox"/> New / Change Address for WSS / Client	Address: 1190 St. Francis Dr. N2300		
<input type="checkbox"/> Send an additional report to	City: Santa Fe, NM 87502		
FIELD DATA AND REMARKS	<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):	pH:	Conductivity (uS/cm):
Field remarks:	Temperature (deg. C):		
SAMPLING DOCUMENTATION	<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite		
	<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:		
SAMPLE TYPE	<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="checkbox"/> Soil/Sediment <input type="checkbox"/> Sludge <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Tissue <input type="checkbox"/> Saliva <input type="checkbox"/> Swipe/Smear		
	<input type="checkbox"/> Other air/liquid/solid Describe:		
PRESERVATION	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added		
	<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify		
HM ANALYSES LIST			
OR ANALYSES LIST			
RC ANALYSES LIST	803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)		
WC ANALYSES LIST			
ADDITIONAL ANALYSES			
FOR LAB USE	<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 1 Apr 09 JVE		
Lab Remarks:			

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____			
Date	Time		
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged			
Released by: _____		& Received by: _____	
Signature		Signature	
Additional Transfer If Applicable			
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____			
Date	Time		
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged			
Released by: _____		& Received by: _____	
Signature		Signature	

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 26, 2009

Request

ID No. 2424862

ANALYTICAL REPORT

SLD Accession No. RC-2009-0043

Distribution

(x) User 55321
(x) Submitter 541
Client -
(x) SLD FilesTo: David Mayerson
NMED - Ground Water Pollution Preventio
P.O. Box 5469
Santa Fe, NM 87502User: David Mayerson
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

BY:

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/30/2009	By: DAVID MAYERSON	Facility: SAN MATEO CREEK SITE INVESTIGATION
At: 14:32	In/Near:	SMC-10

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	1.3	0.6	1.3	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	1.6	0.7	1.6	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	4.1	1.1	2.0	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	3.9	1.0	1.9	pCi/L	Crowell	SM 7110 B
13982-63-3	Radium-226, Total	0.01	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, Total	0.36	0.21	0.30	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By:

Nidal Jadalla

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)



2424862

One Form
Per SampleScientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500One Form
Per Sample

RC0900043

LAB
USE>>> 09 APR - 1 9:16 <<< TIME
ONLY STAMP☒ 55321 (GWB - remediation superfund)☐ 55000 (DWB - SDWA - fee-for-service)☐ 55410 (GWB - pollution prevention)☐ 55420 (DWB - non-reg. contaminants)

LAB USE - SAMPLE TEMPERATURE (deg. C):

6

☐ 55910 (SWQB - MS)☐ 64000 (Individual client fee-for-service)

SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2)

3

☐ 55920 (SWQB - PSRS)☐ OTHER (enter 5-digit user code)

SUBMITTER CODE (3-digit):

541

WSS ID (xxxxxxxx):

FACILITY ID:

SITE ID:

FACILITY / WSS NAME:

San Mateo Creek Basin Site Investigation

FACILITY LOCATION (if no WSS complete boxes):

County: McKinley

City:

State: NM, or change to:

SAMPLING LOCATION:

SMC-10

DATE COLLECTED (MM-DD-YY):

03/30/09

BY (First Last) Name:

David Mayerson

TIME COLLECTED (HH:MM 24-hr):

1432

Sampler ID #

SAMPLE INFO CONTACT Phone:

476-3777

Name if not collector:

David L. Mayerson

☐ New / Change Address for Submitter ----->

Name:

☐ New / Change Address for WSS / Client ----->

Address:

1190 St. Francis Dr. N2300

☐ Send an additional report to ----->

City:

Santa Fe, NM 87502

FIELD DATA

☒ Non-chlorinated☐ Chlorinated

Residual (mg/l):

pH:

Conductivity (uS/cm):

Temperature (deg. C):

AND

REMARKS

Field remarks:

SAMPLING

☐ NMED monitoring☐ Compliance☐ Non-compliance☐ Split with facility☒ Grab sample☐ Composite

DOCUMENTATION

☐ Finished water☒ Raw water☐ Confirmation☐ Other Describe:

SAMPLE

☐ Filtered water ☒ Non-filtered water ☐ Soil/Sediment ☐ Sludge ☐ Blood ☐ Urine ☐ Tissue ☐ Saliva ☐ Swipe/Smear

TYPE

☐ Other air/liquid/solid

Describe:

PRESERVATION

☒ None☒ Shipped at < 4 C☐ HCl added to pH < 2☐ HNO₃ added to pH < 2☐ H₂SO₄ added to pH < 2☐ Asc. acid added☒ Lab to acidify☐ NaOH added to pH > 12☐ Other Describe:

lab to acidify

HM ANALYSES LIST

OR ANALYSES LIST

RC ANALYSES LIST

803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)

WC ANALYSES LIST

ADDITIONAL ANALYSES

FOR
LAB
USE☐ Field preservation confirmed☐ Preserved to pH > 12 at Lab☒ Preserved to pH < 2 at Lab

Date/Initial:

1 Apr 09 TUE

Lab Remarks:

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

Date Time

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____

Signature

& Received by: _____

Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

Date Time

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____

Signature

& Received by: _____

Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 19, 2009

Request

ID No. 2424863

ANALYTICAL REPORT

SLD Accession No. RC-2009-0044

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: David Mayerson
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 10:00	In/Near:	SMC-11

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	91.3	7.7	1.4	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	129.5	10.9	2.1	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	90.1	7.8	2.1	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	82.7	7.1	2.0	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	200.	20.	10.	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.16	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.76	0.12	0.12	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By:

Nidal Jadalla

6/19/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)

One Form Per Sample		Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		One Form Per Sample	
2424863				RC0900044	
LAB USE ONLY	DATE <<<TIME STAMP	<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 7					
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME:		San Mateo Creek Basin Site Investigation			
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley		City: State: NM, or change to:	
SAMPLING LOCATION:		SMC-11			
DATE COLLECTED (MM-DD-YY): 3/31/09		BY (First Last) Name: MARK GARMAN			
TIME COLLECTED (HH:MM 24-hr): 1000		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):		pH: Conductivity (uS/cm): Temperature (deg. C):	
Field remarks:					
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite			
		<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:			
SAMPLE TYPE		<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear			
		<input type="radio"/> Other air/liquid/solid Describe:			
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at <4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added			
		<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 1 Apr 09 DVE			
Lab Remarks:					

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
Date Time
was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
Date Time
was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196

700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 19, 2009

Request

ID No. 2424864

ANALYTICAL REPORT

SLD Accession No. RC-2009-0045

Distribution

(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD Files

To: David Mayerson
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502

Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 10:50	In/Near:	SMC-12

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	66.8	4.8	1.4	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	82.7	5.9	1.8	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	30.6	3.3	2.0	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	29.5	3.2	1.9	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	150.	15.	5.0	ug/L	Patel	200.8
13966-29-5	Uranium-234, by Alpha Spec.	54.6	1.65	0.50	pCi/L	Ewing	7500-UC
07440-61-1	Uranium-238, by Alpha Spec.	44.8	1.38	0.25	pCi/L	Ewing	7500-UC
13982-63-3	Radium-226, SDWA Method	0.01	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.52	0.07	0.12	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

For SDWA Reports: The MCL for gross alpha excludes the contribution from uranium, but this must be calculated from the results. When the "Gross Alpha w/U-nat Reference" value is greater than 7.5 pCi/L, the report should include a value for "Uranium, Mass Concentration" in ug/L. To convert units and exclude the uranium contribution to the gross alpha: 1) Multiply the "Uranium, Mass Concentration" value by 0.67 to convert to pCi/L; 2) Subtract this converted uranium value from the "Gross Alpha w/U-nat Reference"; 3) This calculated amount is what is compared to the gross alpha MCL of 15 pCi/L.

Bc

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
One Form Per Sample 2424864		One Form Per Sample RC0900045			
LAB USE >>> ONLY 03 APR - 1 AM 9:16		DATE <<<TIME STAMP 03 APR - 1 AM 9:16		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 7		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)			
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
SITE ID:					
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation					
FACILITY LOCATION (if no WSS complete boxes): County: McKinley City: State: NM, or change to:					
SAMPLING LOCATION: SMC-12					
DATE COLLECTED (MM-DD-YY): 3/31/09		BY (First Last) Name: MARK GARMAN			
TIME COLLECTED (HH:MM 24-hr): 1050		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to ----->		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l): pH: Conductivity (uS/cm): Temperature (deg. C):			
Field remarks:					
SAMPLING DOCUMENTATION <input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite					
<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:					
SAMPLE TYPE <input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear					
<input type="radio"/> Other air/liquid/solid Describe:					
PRESERVATION <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added					
<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify					
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST 803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)					
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE <input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 1 Apr 09 DE					
Lab Remarks:					

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature

Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature

Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

July 20, 2009

Request

ID No. 2424901

ANALYTICAL REPORT

SLD Accession No. RC-2009-0059

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: David Mayerson
NMED - Ground Water Pollution Preventio
P.O. Box 5469
Santa Fe, NM 87502User: David Mayerson
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 03, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 4/2/2009	By: DAVID L MAYERSON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 13:05	In/Near:	SMC-13

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	121.0	7.7	1.9	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	154.1	9.8	2.4	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	87.5	6.4	3.0	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	83.0	6.1	2.8	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	220.	22.	10.	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.07	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.28	0.13	0.16	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By:

Nidal Jadalla

7/20/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)

Scientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500

Lab Accession # _____

2424901

One Form
Per SampleOne Form
Per Sample

RC0900059

LAB USE ONLY	DATE 09 Apr - 3 PM 12:58 TIME STAMP	<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)	<input type="radio"/> 55000 (DWB - SL... fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)
LAB USE - SAMPLE TEMPERATURE (deg. C):	13		
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2)	3		
SUBMITTER CODE (3-digit):	541	WSS ID (xxxxxxxx):	
FACILITY / WSS NAME:	San Mateo Creek Basin Site Investigation		
FACILITY LOCATION (if no WSS complete boxes):	County: McKinley	City:	State: NM, or change to:
SAMPLING LOCATION:	SMC-13		
DATE COLLECTED (MM-DD-YY):	4/2/09	BY (First Last) Name:	David L. Mayerson
TIME COLLECTED (HH:MM 24-hr):	1305	Sampler ID #	
SAMPLE INFO CONTACT Phone:	476-3777	Name if not collector:	David L. Mayerson
<input type="checkbox"/> New / Change Address for Submitter ----->	Name:		
<input type="checkbox"/> New / Change Address for WSS / Client ----->	Address: 1190 St. Francis Dr. N2300		
<input type="checkbox"/> Send an additional report to ----->	City: Santa Fe, NM 87502		
FIELD DATA AND REMARKS	<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):	pH:	Conductivity (uS/cm):
Field remarks:			
SAMPLING DOCUMENTATION	<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite		
	<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:		
SAMPLE TYPE	<input type="radio"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear		
	<input type="radio"/> Other air/liquid/solid Describe:		
PRESERVATION	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added		
	<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify		
HM ANALYSES LIST			
OR ANALYSES LIST			
RC ANALYSES LIST	803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)		
WC ANALYSES LIST			
ADDITIONAL ANALYSES			
FOR LAB USE	<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 3 Apr 09 JVE		
Lab Remarks:			

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
Date Time
was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
Date Time
was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 19, 2009

Request

ID No. 2424882

ANALYTICAL REPORT

SLD Accession No. RC-2009-0055

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 03, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 4/2/2009	By: DAVID L MAYERSON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 10:30	In/Near:	SMC-14

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	14.0	1.4	1.3	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	17.2	1.7	1.7	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	10.1	1.4	2.0	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	9.7	1.3	2.0	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	21.	2.1	1.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	-0.01	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.45	0.11	0.15	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".



Reviewed By:

Nidal Jadalla

6/19/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)

Scientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500

Lab Accession # Here

2424882

One Form
Per SampleOne Form
Per Sample

RC0900055

LAB USE>>> 09 APR -3 PM 12:58 ONLY	DATE <<<TIME STAMP	<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)	<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)
LAB USE - SAMPLE TEMPERATURE (deg. C):	12		
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2)	3		
SUBMITTER CODE (3-digit):	541	WSS ID (xxxxxxxx):	
FACILITY / WSS NAME:		San Mateo Creek Basin Site Investigation	
FACILITY LOCATION (if no WSS complete boxes):		County:	McKinley
		City:	
		State:	NM, or change to:
SAMPLING LOCATION:		SMC-14	
DATE COLLECTED (MM-DD-YY):		BY (First Last) Name:	Mayerson
TIME COLLECTED (HH:MM 24-hr):		Sampler ID #	
SAMPLE INFO CONTACT Phone:		Name if not collector:	David L. Mayerson
<input type="checkbox"/> New / Change Address for Submitter		Name:	
<input type="checkbox"/> New / Change Address for WSS / Client		Address:	1190 St. Francis Dr. N2300
<input type="checkbox"/> Send an additional report to		City:	Santa Fe, NM 87502
FIELD DATA AND REMARKS	<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated	Residual (mg/l):	
		pH:	
		Conductivity (uS/cm):	
		Temperature (deg. C):	
Field remarks:			
SAMPLING DOCUMENTATION	<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite		
	<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:		
SAMPLE TYPE	<input type="radio"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear		
	<input type="radio"/> Other air/liquid/solid Describe:		
PRESERVATION	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added		
	<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe:	lab to acidify	
HM ANALYSES LIST			
OR ANALYSES LIST			
RC ANALYSES LIST	803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)		
WC ANALYSES LIST			
ADDITIONAL ANALYSES			
FOR LAB USE	<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab	Date/Initial:	3 Apr 09 JVE
	Lab Remarks:		

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____			
Date Time			
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged			
Released by: _____		& Received by: _____	
Signature		Signature	
Additional Transfer If Applicable			
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____			
Date Time			
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged			
Released by: _____		& Received by: _____	
Signature		Signature	

Print Form

Form last modified on 12/23/08

Reset Form

RECEIVED
JUL 10 2009**SCIENTIFIC LABORATORY DIVISION**P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

July 6, 2009

Request

ID No. 2424876

ANALYTICAL REPORT**SLD Accession No. RC-2009-0067**Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: David Mayerson
NMED - Ground Water Pollution Preventio
P.O. Box 5469
Santa Fe, NM 87502User: David Mayerson
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) "Water, Non-Filtered" sample submitted to this laboratory on April 03, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700**DEMOGRAPHIC DATA**

COLLECTION		LOCATION
On: 4/1/2009	By: EARLE DIXON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 11:25	In/Near: Milan	SMC-16

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	0.9	0.6	1.3	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	1.1	0.8	1.7	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	4.8	0.9	1.4	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	4.6	0.9	1.4	pCi/L	Crowell	SM 7110 B
13982-63-3	Radium-226, SDWA Method	0.28	0.02	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.44	0.11	0.15	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By: 

Nidal Jadalla

7/6/2009

Supervisor, Radiochemistry Section

SMC-16

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU		ANALYTICAL REQUEST FORM (INTERACTIVE)	
F 2424876 SMC One Form Per Sample		Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		Lab Accession # Here One Form Per Sample RC0900067	
LAB USE: 09 APR - 3 PM 12:58 ONLY	DATE <<<TIME STAMP	<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 8					
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME:		San Mateo Creek Basin Site Investigation			
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley/Cibola		City: Milan State: NM, or change to: NM	
SAMPLING LOCATION:		SMC-16			
DATE COLLECTED (MM-DD-YY): 04/01/09		BY (First Last) Name:		EARLE DIXON	
TIME COLLECTED (HH:MM 24-hr): 1125		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector:		David L. Mayerson	
<input type="checkbox"/> New / Change Address for Submitter		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client		Address:		1190 St. Francis Dr. N2300	
<input type="checkbox"/> Send an additional report to		City:		Santa Fe, NM 87502	
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):		pH: Conductivity (uS/cm): Temperature (deg. C):	
Field remarks:					
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite			
		<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:			
SAMPLE TYPE		<input type="radio"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear			
		<input type="radio"/> Other air/liquid/solid Describe:			
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added			
		<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab		Date/Initial: 3 Apr 09 ME	
Lab Remarks:					

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
Date Time	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____ & Received by: _____	
Signature Signature	
Additional Transfer If Applicable	
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
Date Time	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____ & Received by: _____	
Signature Signature	

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196

700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

July 13, 2009

Request

ID No. 2424877

ANALYTICAL REPORT

SLD Accession No. RC-2009-0060

Distribution

(x) User 55321
(x) Submitter 541
. Client 0-0
(x) SLD Files

To: David Mayerson
NMED - Ground Water Pollution Preventio
P.O. Box 5469
Santa Fe, NM 87502

User: David Mayerson
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

GROUND WATER

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 03, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

JUL 16 2009

BUREAU

DEMOGRAPHIC DATA

COLLECTION		LOCATION	
On: 4/1/2009	By: EARLE DIXON	Facility:	SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 10:12	In/Near: Milan		SMC-17

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	58.8	4.0	1.2	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	69.4	4.7	1.4	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	34.2	3.4	2.2	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	33.3	3.4	2.1	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	85	8.5	4.0	ug/L	Patel	200.8
13966-29-5	Uranium-234, by Alpha Spec.	44.9	1.24	0.14	pCi/L	Ewing	7500-UC
07440-61-1	Uranium-238, by Alpha Spec.	27.1	0.79	0.09	pCi/L	Ewing	7500-UC
13982-63-3	Radium-226, SDWA Method	0.14	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.46	0.15	0.15	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

For SDWA Reports: The MCL for gross alpha excludes the contribution from uranium, but this must be calculated from the results. When the "Gross Alpha w/U-nat Reference" value is greater than 7.5 pCi/L, the report should include a value for "Uranium, Mass Concentration" in uG/L. To convert units and exclude the uranium contribution to the gross alpha: 1) Multiply the "Uranium, Mass Concentration" value by 0.67 to convert to pCi/L; 2) Subtract this converted uranium value from the "Gross Alpha w/U-nat Reference"; 3) This calculated amount is what is compared to the gross alpha MCL of 15 pCi/L.

Nidal's signature on back; signed 7/13/2009.

SMC-17

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU		ANALYTICAL REQUEST FORM (INTERACTIVE)	
One Form Per Sample		Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		One Form Per Sample	
2424877				RC0900060	
LAB USE>>> 80A12-3 PM 12:58	DATE 11	<input checked="" type="radio"/> 55321 (GWB - remediation superfund)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service)	
ONLY	<<<TIME STAMP	<input type="radio"/> 55410 (GWB - pollution prevention)		<input type="radio"/> 55420 (DWB - non-reg. contaminants)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 11		<input type="radio"/> 55910 (SWQB - MS)		<input type="radio"/> 64000 (Individual client fee-for-service)	
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3		<input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> OTHER (enter 5-digit user code)	
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME:		San Mateo Creek Basin Site Investigation			
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley / Cibola		City: Milan State: NM, or change to: NM	
SAMPLING LOCATION:		SMC - 17			
DATE COLLECTED (MM-DD-YY): 04/01/09		BY (First Last) Name:		EARLE DIXON	
TIME COLLECTED (HH:MM 24-hr): 1012		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector:		David L. Mayerson	
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address:		1190 St. Francis Dr. N2300	
<input type="checkbox"/> Send an additional report to ----->		City:		Santa Fe, NM 87502	
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):		pH: Conductivity (uS/cm): Temperature (deg. C):	
Field remarks:					
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite			
		<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:			
SAMPLE TYPE		<input type="radio"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear			
		<input type="radio"/> Other air/liquid/solid Describe:			
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added			
		<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab		Date/Initial: 3 Apr 09 JVE	
Lab Remarks:					

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
Date Time	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____ & Received by: _____	
Signature Signature	
Additional Transfer If Applicable	
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
Date Time	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____ & Received by: _____	
Signature Signature	

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196

700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

August 12, 2009

Request

ID No. 2424878

ANALYTICAL REPORT

SLD Accession No. RC-2009-0062

Distribution

(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD Files

To: Earl Dixon
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502

Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 5469
Santa Fe, NM 87502

GROUND WATER

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 03, 2009

AUG 17 2009

Client:

SLD Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

BUREAU

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 4/1/2009	By: EARLE DIXON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 11:55	In/Near: Milan	SMC-18

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	10.9	1.2	1.0	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	13.2	1.5	1.2	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	15.2	1.6	1.6	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	14.6	1.6	1.6	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	2.	0.5	1.0	ug/L	Patel	200.8
13966-29-5	Uranium-234, by Alpha Spec.	3.73	0.11	0.04	pCi/L	Ewing	7500-UC
07440-61-1	Uranium-238, by Alpha Spec.	0.52	0.03	0.03	pCi/L	Ewing	7500-UC
13982-63-3	Radium-226, Total	1.35	0.05	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, Total	0.83	0.14	0.16	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

For SDWA Reports: The MCL for gross alpha excludes the contribution from uranium, but this must be calculated from the results. When the "Gross Alpha w/U-nat Reference" value is greater than 7.5 pCi/L, the report should include a value for "Uranium, Mass Concentration" in ug/L. To convert units and exclude the uranium contribution to the gross alpha: 1) Multiply the "Uranium, Mass Concentration" value by 0.67 to convert to pCi/L; 2) Subtract this converted uranium value from the "Gross Alpha w/U-nat Reference"; 3) This calculated amount is what is compared to the gross alpha MCL of 15 pCi/L.

Nidal's signature on back; signed 8/12/2009.

SMC-18

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU		ANALYTICAL REQUEST FORM (INTERACTIVE)	
Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		Lab Accession #		One Form Per Sample	
2424878		One Form Per Sample		RC0900062	
LAB USE>>> 09 APR - 3 PM 12:58		DATE USE>>> 09 APR - 3 PM 12:58		TIME STAMP	
LAB USE - SAMPLE TEMPERATURE (deg. C): 12		55321 (GWB - remediation superfund)		55000 (DWB - SL ... for service)	
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3		55410 (GWB - pollution prevention)		55420 (DWB - non-reg. contaminants)	
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation		FACILITY LOCATION (if no WSS complete boxes):		State: NM, or change to: NM	
SAMPLING LOCATION: SMC - 18		DATE COLLECTED (MM-DD-YY): 04/01/09		BY (First Last) Name: EARLE DIXON	
TIME COLLECTED (HH:MM 24-hr): 11 55		SAMPLER ID #:		NAME if not collector: David L. Mayerson	
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson		Address: 1190 St. Francis Dr. N2300	
New / Change Address for Submitter ----->		Name: _____		City: Santa Fe, NM 87502	
New / Change Address for WSS / Client ----->		Address: 1190 St. Francis Dr. N2300		City: Santa Fe, NM 87502	
Send an additional report to ----->		City: Santa Fe, NM 87502		Field DATA AND REMARKS	
Field remarks: _____		Non-chlorinated Chlorinated Residual (mg/l):		pH: Conductivity (uS/cm): Temperature (deg. C):	
SAMPLING DOCUMENTATION		NMED monitoring Compliance Non-compliance Split with facility		Grab sample Composite	
Finished water Raw water Confirmation Other Describe: _____		SAMPLE TYPE		Filtered water Non-filtered water Soil/Sediment Sludge Blood Urine Tissue Saliva Swipe/Smear	
Other air/liquid/solid Describe: _____		PRESERVATION		None Shipped at < 4 C HCl added to pH < 2 HNO3 added to pH < 2 H2SO4 added to pH < 2 Asc. acid added	
Lab to acidify NaOH added to pH > 12 Other Describe: lab to acidify		HM ANALYSES LIST		OR ANALYSES LIST	
RC ANALYSES LIST		WC ANALYSES LIST		ADDITIONAL ANALYSES	
FOR LAB USE		Field preservation confirmed Preserved to pH > 12 at Lab Preserved to pH < 2 at Lab		Date/Initial: 3 Apr 09 JUE	
Lab Remarks: _____		Please use CHAIN OF CUSTODY FORM when requirements mandate		We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
Released by: _____		Signature		Additional Transfer If Applicable	
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____		Date Time		was transferred with evidentiary seal(s) (check applicable box) Not Present Present & Intact Present & Damaged	
Released by: _____		Signature		Signature	

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

May 29, 2009

Request

ID No. 2424865

ANALYTICAL REPORT

SLD Accession No. RC-2009-0046

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: NMED - Ground Water Pollution Preventio
P.O. Box 26110
Santa Fe, NM 87502User: DAVID L MAYERSON
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 9:50	In/Near:	SMC-20

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	46.6	3.6	1.0	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	53.4	4.2	1.1	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	20.9	2.8	1.4	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	20.6	2.8	1.4	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	58.	5.8	2.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.96	0.04	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	1.87	0.23	0.12	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".





Reviewed By:

Nidal Jadalla

5/29/2009

Supervisor, Radiochemistry Section

Bc

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
 2424865		One Form Per Sample		 RC0900046	
LAB USE>>> ONLY 09 APR -1 10 9:16		DATE <<< TIME 10 STAMP		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 10		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)			
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
SANITARY CODE (3-digit):		SITE ID:			
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation					
FACILITY LOCATION (if no WSS complete boxes): County: McKinley City: State: NM, or change to:					
SAMPLING LOCATION: SMC -20					
DATE COLLECTED (MM-DD-YY): 3/31/09		BY (First Last) Name: MARK GARMAN			
TIME COLLECTED (HH:MM 24-hr): 0950		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to ----->		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):		pH: Conductivity (uS/cm): Temperature (deg. C):	
Field remarks:					
SAMPLING DOCUMENTATION					
<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite					
<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:					
SAMPLE TYPE <input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="checkbox"/> Soil/Sediment <input type="checkbox"/> Sludge <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Tissue <input type="checkbox"/> Saliva <input type="checkbox"/> Swipe/Smear					
<input type="checkbox"/> Other air/liquid/solid Describe:					
PRESERVATION <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added					
<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify					
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST 803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)					
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE <input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 11 Apr 09 JUE					
Lab Remarks:					

Please use **CHAIN OF CUSTODY FORM** when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged
 Released by: _____ & Received by: _____
 Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged
 Released by: _____ & Received by: _____
 Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 19, 2009

Request

ID No. 2424866

ANALYTICAL REPORT

SLD Accession No. RC-2009-0047

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: David Mayerson
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 11:15	In/Near:	SMC-21

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	6.5	1.0	1.4	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	9.1	1.5	2.0	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	8.1	1.3	2.2	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	7.5	1.3	2.0	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	10.	1.0	1.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.27	0.02	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	2.40	0.33	0.50	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".



Reviewed By:

Nidal Jadalla

6/19/2009

Supervisor, Radiochemistry Section

Bc

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE) Lab Accession # Here	
 2424866 One Form Per Sample		 RC0900047 One Form Per Sample			
LAB USE ONLY DATE 3/31/09 9:16 <<<TIME STAMP		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 55000 (DWB - SURVIV - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 10 SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation					
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley		City: State: NM, or change to:	
SAMPLING LOCATION: SMC-21					
DATE COLLECTED (MM-DD-YY): 3/31/09		BY (First Last) Name: MARK GARMAN			
TIME COLLECTED (HH:MM 24-hr): 1115		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to ----->		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l): Field remarks:		pH: Conductivity (uS/cm): Temperature (deg. C):	
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite <input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:			
SAMPLE TYPE		<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear <input type="checkbox"/> Other air/liquid/solid Describe:			
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added <input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 1 Apr 09 JTE Lab Remarks:			

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged
 Released by: _____ & Received by: _____
 Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged
 Released by: _____ & Received by: _____
 Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 19, 2009

Request

ID No. 2424867

ANALYTICAL REPORT

SLD Accession No. RC-2009-0048

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: David Mayerson
NMED - Ground Water Pollution Preventio
P.O. Box 26110
Santa Fe, NM 87502User: David Mayerson
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 13:05	In/Near:	SMC-22

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	33.5	2.7	1.0	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	38.3	3.2	1.1	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	11.9	2.0	1.4	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	11.7	1.9	1.4	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	42.	4.2	1.0	ug/L	Patel	200.8
13966-29-5	Uranium-234, by Alpha Spec.	22.9	0.67	0.19	pCi/L	Ewing	7500-UC
07440-61-1	Uranium-238, by Alpha Spec.	12.8	0.40	0.10	pCi/L	Ewing	7500-UC
13982-63-3	Radium-226, SDWA Method	-0.01	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.11	0.05	0.12	pCi/L	Ewing	904.0

Notations & Comments:



Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By:

Nidal Jadalla

6/19/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
 2424867		One Form Per Sample		Lab Accession # Here  RC0900048	
LAB USE ONLY 09 APR - 11 9:16 DATE <<<TIME STAMP		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 55000 (DWB - SWQB - remediation superfund) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 12					
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
SITE ID:					
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation					
FACILITY LOCATION (if no WSS complete boxes): County: McKinley City: State: NM, or change to:					
SAMPLING LOCATION: SMC-22					
DATE COLLECTED (MM-DD-YY): 3/31/09		BY (First Last) Name: MARK GARMAN			
TIME COLLECTED (HH:MM 24-hr): 1305		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS					
<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l): pH: Conductivity (uS/cm): Temperature (deg. C):					
SAMPLING DOCUMENTATION					
<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite					
<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:					
SAMPLE TYPE					
<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear					
<input type="checkbox"/> Other air/liquid/solid Describe:					
PRESERVATION					
<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added					
<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify					
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST 803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)					
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE					
<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 1 Apr 09 JLE					
Lab Remarks:					

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 Date Time
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged
 Released by: _____ & Received by: _____
 Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 Date Time
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged
 Released by: _____ & Received by: _____
 Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 19, 2009

Request

ID No. 2424868

ANALYTICAL REPORT

SLD Accession No. RC-2009-0049

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: David Mayerson
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/30/2009	By: DAVID MAYERSON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 14:21	In/Near:	SMC-23

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	6.2	1.1	1.8	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	8.2	1.5	2.4	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	11.6	1.7	2.8	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	10.9	1.6	2.6	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	12.	1.2	1.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.42	0.02	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.97	0.15	0.15	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".



Reviewed By:

Nidal Jadalla

6/19/2009

Supervisor, Radiochemistry Section

Bc

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE) Lab Accession # Here	
 2424868 One Form Per Sample		 RC0900049 One Form Per Sample			
LAB USE >>> 03 APR - 1 9:16 DATE 03/30/09 TIME 9:16 STAMP		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 6 SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541 WSS ID (xxxxxxxx): FACILITY ID: SITE ID:					
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation					
FACILITY LOCATION (if no WSS complete boxes): County: McKinley City: State: NM, or change to:					
SAMPLING LOCATION: SMC-23					
DATE COLLECTED (MM-DD-YY): 03/30/09 TIME COLLECTED (HH:MM 24-hr): 1421		BY (First Last) Name: David Mayerson Sampler ID # :			
SAMPLE INFO CONTACT Phone: 476-3777 <input type="checkbox"/> New / Change Address for Submitter <input type="checkbox"/> New / Change Address for WSS / Client <input type="checkbox"/> Send an additional report to		Name if not collector: David L. Mayerson Address: 1190 St. Francis Dr. N2300 City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS <input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l): pH: Conductivity (uS/cm): Temperature (deg. C): Field remarks:					
SAMPLING DOCUMENTATION <input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite <input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:					
SAMPLE TYPE <input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear <input type="radio"/> Other air/liquid/solid Describe:					
PRESERVATION <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added <input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify					
HM ANALYSES LIST OR ANALYSES LIST RC ANALYSES LIST 803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.) WC ANALYSES LIST ADDITIONAL ANALYSES					
FOR LAB USE <input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 11 Apr 09 DLE Lab Remarks:					

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 Date Time
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
 Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 Date Time
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
 Signature Signature

Print Form
Form last modified on 12/23/08
Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 19, 2009

Request

ID No. 2424869

ANALYTICAL REPORT

SLD Accession No. RC-2009-0050

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: David Mayerson
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) "Water, Non-Filtered" sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/30/2009	By: DAVID MAYERSON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 12:46	In/Near:	SMC-24

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	20.7	2.0	1.9	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	27.7	2.7	2.6	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	21.5	2.1	2.8	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	20.1	2.0	2.6	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	36.	3.6	1.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	-0.01	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.33	0.18	0.15	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By:

Nidal Jadalla

6/19/2009

Supervisor, Radiochemistry Section

03c

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE) Lab Accession # RC0900050	
One Form Per Sample 2424869		One Form Per Sample			
LAB USE: 803 SDWA - 11:09:16		DATE: 03/30/2009 TIME: 12:46		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 7		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)			
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3		SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):	
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation		FACILITY ID:		SITE ID:	
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley		City: State: NM, or change to:	
SAMPLING LOCATION: SMC-24		DATE COLLECTED (MM-DD-YY): 03/30/2009			
TIME COLLECTED (HH:MM 24-hr): 12:46		BY (First Last) Name: David Mayerson			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l): pH: Conductivity (uS/cm): Temperature (deg. C):			
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite			
SAMPLE TYPE		<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:			
PRESERVATION		<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear			
		<input type="checkbox"/> Other air/liquid/solid Describe:			
		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO3 added to pH < 2 <input type="checkbox"/> H2SO4 added to pH < 2 <input type="checkbox"/> Asc. acid added			
		<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 11 Apr 09 JLE			
Lab Remarks:					

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____	& Received by: _____
Signature	Signature
Additional Transfer If Applicable	
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____	& Received by: _____
Signature	Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 26, 2009

Request

ID No. 2424870

ANALYTICAL REPORT

SLD Accession No. RC-2009-0051

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: David Mayerson
NMED - Ground Water Pollution Preventio
P.O. Box 5469
Santa Fe, NM 87502User: David Mayerson
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

RF
JUL 07 2009
BYSLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/30/2009	By: DAVID MAYERSON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 16:17	In/Near:	SMC-25

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	16.0	1.5	1.9	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	19.3	1.9	2.3	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	10.8	1.9	3.4	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	10.4	1.9	3.4	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	26.	2.6	1.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	-0.01	0.02	0.02	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.51	0.12	0.16	pCi/L	Ewing	904.0

Notations & Comments:



Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By:

Nidal Jadalla

6/26/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
 2424870		One Form Per Sample		One Form Per Sample  RC0900051	
LAB USE>>> 05/16/09 DATE 05/16/09 TIME 16:16 STAMP		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 6					
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3		SITE ID:			
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation					
FACILITY LOCATION (if no WSS complete boxes): County: McKinley City: State: NM, or change to:					
SAMPLING LOCATION: SMC-25					
DATE COLLECTED (MM-DD-YY): 03/30/2009		BY (First Last) Name: David Mayerson			
TIME COLLECTED (HH:MM 24-hr): 16:17		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS					
<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l): pH: Conductivity (uS/cm): Temperature (deg. C):					
SAMPLING DOCUMENTATION					
<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite					
<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:					
SAMPLE TYPE					
<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="checkbox"/> Soil/Sediment <input type="checkbox"/> Sludge <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Tissue <input type="checkbox"/> Saliva <input type="checkbox"/> Swipe/Smear					
<input type="checkbox"/> Other air/liquid/solid Describe:					
PRESERVATION					
<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO3 added to pH < 2 <input type="checkbox"/> H2SO4 added to pH < 2 <input type="checkbox"/> Asc. acid added					
<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify					
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST 803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)					
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE					
<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 11Apr09 JUE					
Lab Remarks:					

Please use **CHAIN OF CUSTODY FORM** when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

Date Time

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

Date Time

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

July 20, 2009

Request

ID No. 2424871

ANALYTICAL REPORT

SLD Accession No. RC-2009-0052

Distribution

(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: David Mayerson
NMED - Ground Water Pollution Preventio
P.O. Box 5469
Santa Fe, NM 87502User: David Mayerson
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

JUL 24 2009

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 15:15	In/Near:	SMC-26

Analytical Results



CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	128.3	9.5	1.0	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	149.2	11.0	1.1	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	46.2	6.8	1.4	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	45.3	6.7	1.4	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	170.	17.	5.0	ug/L	Patel	200.8
13966-29-5	Uranium-234, by Alpha Spec.	82.4	2.32	0.28	pCi/L	Ewing	7500-UC
07440-61-1	Uranium-238, by Alpha Spec.	52.9	1.56	0.18	pCi/L	Ewing	7500-UC
13982-63-3	Radium-226, SDWA Method	0.13	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.24	0.11	0.15	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

For SDWA Reports: The MCL for gross alpha excludes the contribution from uranium, but this must be calculated from the results. When the "Gross Alpha w/U-nat Reference" value is greater than 7.5 pCi/L, the report should include a value for "Uranium, Mass Concentration" in uG/L. To convert units and exclude the uranium contribution to the gross alpha: 1) Multiply the "Uranium, Mass Concentration" value by 0.67 to convert to pCi/L; 2) Subtract this converted uranium value from the "Gross Alpha w/U-nat Reference"; 3) This calculated amount is what is compared to the gross alpha MCL of 15 pCi/L.

BC

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
 2424871		One Form Per Sample		 RC0900052	
LAB USE>>> 09 APR - 1 AM 9:17		DATE <<<TIME STAMP		<input checked="" type="radio"/> 55321 (GWB - remediation superfund)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 7		<input type="radio"/> 55410 (GWB - pollution prevention)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service)	
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3		<input type="radio"/> 55910 (SWQB - MS)		<input type="radio"/> 55420 (DWB - non-reg. contaminants)	
		<input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 64000 (Individual client fee-for-service)	
		<input type="radio"/> OTHER (enter 5-digit user code)			
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME:		San Mateo Creek Basin Site Investigation			
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley		City:	
SAMPLING LOCATION:		SMC-26			
DATE COLLECTED (MM-DD-YY): 3/31/09		BY (First Last) Name: MARK GARMAN			
TIME COLLECTED (HH:MM 24-hr): 1515		Sampler ID #:			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):		pH: Conductivity (uS/cm): Temperature (deg. C):	
Field remarks:					
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite			
		<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:			
SAMPLE TYPE		<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="checkbox"/> Soil/Sediment <input type="checkbox"/> Sludge <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Tissue <input type="checkbox"/> Saliva <input type="checkbox"/> Swipe/Smear			
		<input type="checkbox"/> Other air/liquid/solid Describe:			
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO3 added to pH < 2 <input type="checkbox"/> H2SO4 added to pH < 2 <input type="checkbox"/> Asc. acid added			
		<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab		Date/Initial: 1 Apr 09 JVE	
Lab Remarks:					

<i>Please use CHAIN OF CUSTODY FORM when requirements mandate</i>	
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
<i>Date Time</i>	
was transferred with evidentiary seal(s) (check applicable box) <input type="checkbox"/> Not Present <input type="checkbox"/> Present & Intact <input type="checkbox"/> Present & Damaged	
Released by: _____ & Received by: _____	
<i>Signature Signature</i>	
Additional Transfer If Applicable	
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
<i>Date Time</i>	
was transferred with evidentiary seal(s) (check applicable box) <input type="checkbox"/> Not Present <input type="checkbox"/> Present & Intact <input type="checkbox"/> Present & Damaged	
Released by: _____ & Received by: _____	
<i>Signature Signature</i>	
Print Form	Form last modified on 12/23/08
Reset Form	

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

July 13, 2009

Request

ID No. 2424885

ANALYTICAL REPORT

SLD Accession No. RC-2009-0066

Distribution

(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: David Mayerson
NMED - Ground Water Pollution Preventio
P.O. Box 5469
Santa Fe, NM 87502User: David Mayerson
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

GROUND WATER

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 03, 2009

JUL 16 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

BUREAU

DEMOGRAPHIC DATA

COLLECTION		LOCATION	
On: 4/2/2009	By: DAVID L MAYERSON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION	
At: 11:00	In/Near:	SMC-28	

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	19.4	2.2	0.6	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	22.6	2.6	0.7	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	19.1	2.5	1.1	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	18.6	2.4	1.1	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	43	4.3	1.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.15	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.34	0.11	0.17	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

For SDWA Reports: The MCL for gross alpha excludes the contribution from uranium, but this must be calculated from the results. When the "Gross Alpha w/U-nat Reference" value is greater than 7.5 pCi/L, the report should include a value for "Uranium, Mass Concentration" in uG/L. To convert units and exclude the uranium contribution to the gross alpha: 1) Multiply the "Uranium, Mass Concentration" value by 0.67 to convert to pCi/L; 2) Subtract this converted uranium value from the "Gross Alpha w/U-nat Reference"; 3) This calculated amount is what is compared to the gross alpha MCL of 15 pCi/L.

Reviewed By:

Nidal Jadalla

7/13/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)

Scientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500

One Form
Per Sample

RC0900066

2424885

One Form
Per Sample

LAB USE ONLY	09 APR - 03 PM 12:58	DATE <<< TIME STAMP	<input checked="" type="radio"/> 55321 (GWB - remediation superfund)	<input type="radio"/> 55000 (DWB - SDWA - fee-for-service)
			<input type="radio"/> 55410 (GWB - pollution prevention)	<input type="radio"/> 55420 (DWB - non-reg. contaminants)
LAB USE - SAMPLE TEMPERATURE (deg. C):	13		<input type="radio"/> 55910 (SWQB - MS)	<input type="radio"/> 64000 (Individual client fee-for-service)
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2)	3		<input type="radio"/> 55920 (SWQB - PSRS)	<input type="radio"/> OTHER (enter 5-digit user code)
SUBMITTER CODE (3-digit):	541	WSS ID (xxxxxxxx):		FACILITY ID:
FACILITY / WSS NAME:	San Mateo Creek Basin Site Investigation			
FACILITY LOCATION (if no WSS complete boxes):	County:	McKinley	City:	State: NM, or change to:
SAMPLING LOCATION:	SMC-28			
DATE COLLECTED (MM-DD-YY):	4/2/09	BY (First Last) Name:	David Mayerson	
TIME COLLECTED (HH:MM 24-hr):	1100	Sampler ID #		
SAMPLE INFO CONTACT Phone:	476-3777	Name if not collector:	David L. Mayerson	
<input type="checkbox"/> New / Change Address for Submitter	Name:			
<input type="checkbox"/> New / Change Address for WSS / Client	Address:		1190 St. Francis Dr. N2300	
<input type="checkbox"/> Send an additional report to	City:		Santa Fe, NM 87502	
FIELD DATA AND REMARKS	<input checked="" type="radio"/> Non-chlorinated	<input type="radio"/> Chlorinated	Residual (mg/l):	pH:
			Conductivity (uS/cm):	Temperature (deg. C):
Field remarks:				
SAMPLING DOCUMENTATION	<input type="checkbox"/> NMED monitoring	<input type="checkbox"/> Compliance	<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Split with facility
	<input checked="" type="checkbox"/> Grab sample	<input type="checkbox"/> Composite		
	<input type="checkbox"/> Finished water	<input checked="" type="checkbox"/> Raw water	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Other Describe:
SAMPLE TYPE	<input type="radio"/> Filtered water	<input checked="" type="radio"/> Non-filtered water	<input type="radio"/> Soil/Sediment	<input type="radio"/> Sludge
	<input type="radio"/> Blood	<input type="radio"/> Urine	<input type="radio"/> Tissue	<input type="radio"/> Saliva
	<input type="radio"/> Other air/liquid/solid	Describe:		
PRESERVATION	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Shipped at < 4 C	<input type="checkbox"/> HCl added to pH < 2	<input type="checkbox"/> HNO ₃ added to pH < 2
	<input type="checkbox"/> H ₂ SO ₄ added to pH < 2	<input type="checkbox"/> Asc. acid added		
	<input checked="" type="checkbox"/> Lab to acidify	<input type="checkbox"/> NaOH added to pH > 12	<input type="checkbox"/> Other Describe:	lab to acidify
HM ANALYSES LIST				
OR ANALYSES LIST				
RC ANALYSES LIST	803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST				
ADDITIONAL ANALYSES				
FOR LAB USE	<input type="checkbox"/> Field preservation confirmed	<input type="checkbox"/> Preserved to pH > 12 at Lab	<input checked="" type="checkbox"/> Preserved to pH < 2 at Lab	Date/Initial: 13 April 2009
Lab Remarks:				

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 1, 2009

Request

ID No. 2424884

ANALYTICAL REPORT

SLD Accession No. RC-2009-0058

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: NMED - Ground Water Pollution Preventio
P.O. Box 26110
Santa Fe, NM 87502User: David Mayerson
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) "Water, Non-Filtered" sample submitted to this laboratory on April 03, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 4/2/2009	By: DAVID L MAYERSON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 9:45	In/Near:	SMC-30

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	2.0	0.5	0.6	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	2.4	0.6	0.8	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	3.2	0.7	1.2	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	3.1	0.7	1.1	pCi/L	Crowell	SM 7110 B
15262-20-1	Radium-228, SDWA Method	0.80	0.13	0.15	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as \pm one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected"; as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".



Reviewed By:

Nidal Jadalla

6/1/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE) 9

Scientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500

One Form
Per Sample

One Form
Per Sample

2424884

RC0900058

LAB USE ONLY	DATE <<<TIME STAMP	<input checked="" type="radio"/> 55321 (GWB - remediation superfund)	<input type="radio"/> 55000 (DWB - SDWA - fee-for-service)
		<input type="radio"/> 55410 (GWB - pollution prevention)	<input type="radio"/> 55420 (DWB - non-reg. contaminants)
LAB USE - SAMPLE TEMPERATURE (deg. C):	11	<input type="radio"/> 55910 (SWQB - MS)	<input type="radio"/> 64000 (Individual client fee-for-service)
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2)	3	<input type="radio"/> 55920 (SWQB - PSRS)	<input type="radio"/> OTHER (enter 5-digit user code)
SUBMITTER CODE (3-digit):	541	WSS ID (xxxxxxxx):	FACILITY ID:
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation			
FACILITY LOCATION (if no WSS complete boxes): County: McKinley City: State: NM, or change to:			
SAMPLING LOCATION: SMC - 30			
DATE COLLECTED (MM-DD-YY):	4/2/07	BY (First Last) Name:	David L. Mayerson
TIME COLLECTED (HH:MM 24-hr):	0945	Sampler ID #	
SAMPLE INFO CONTACT Phone:	476-3777	Name if not collector:	David L. Mayerson
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:	
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address:	1190 St. Francis Dr. N2300
<input type="checkbox"/> Send an additional report to ----->		City:	Santa Fe, NM 87502
FIELD DATA AND REMARKS	<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated	Residual (mg/l):	pH: Conductivity (uS/cm): Temperature (deg. C):
Field remarks:			
SAMPLING DOCUMENTATION	<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite		
	<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:		
SAMPLE TYPE	<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear		
	<input type="radio"/> Other air/liquid/solid Describe:		
PRESERVATION	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added		
	<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify		
HM ANALYSES LIST			
OR ANALYSES LIST			
RC ANALYSES LIST	803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)		
WC ANALYSES LIST			
ADDITIONAL ANALYSES			
FOR LAB USE	<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 3 Apr 09 DVE		
Lab Remarks:			

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
Date Time
was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
Date Time
was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

May 15, 2009

Request

ID No. 2424883

ANALYTICAL REPORT

SLD Accession No. RC-2009-0057

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 03, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 4/2/2009	By: DAVID L MAYERSON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 11:29	In/Near:	SMC-31

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	-0.1	0.4	0.9	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	-0.1	0.5	1.1	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	2.0	0.8	1.5	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	2.0	0.7	1.4	pCi/L	Crowell	SM 7110 B
15262-20-1	Radium-228, SDWA Method	0.38	0.12	0.15	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By: 

Nidal Jadalla

5/15/2009

Supervisor, Radiochemistry Section



NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)

Scientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500

One Form
Per Sample

One Form
Per Sample

RC0900057

2424883

LAB USE>>> 09 APR 09 12:58 DATE 09 APR 09 12:58 TIME 12:58
ONLY STAMP

LAB USE - SAMPLE TEMPERATURE (deg. C): 8
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3

SUBMITTER CODE (3-digit): 541 WSS ID (xxxxxxxx): FACILITY ID: SITE ID:

FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation

FACILITY LOCATION (if no WSS complete boxes): County: McKinley City: State: NM, or change to:

SAMPLING LOCATION: SMC-31

DATE COLLECTED (MM-DD-YY): 4/2/09 BY (First Last) Name: David Mayerson

TIME COLLECTED (HH:MM 24-hr): 1129 Sampler ID #

SAMPLE INFO CONTACT Phone: 476-3777 Name if not collector: David L. Mayerson

☐ New / Change Address for Submitter -----> Name:

☐ New / Change Address for WSS / Client -----> Address: 1190 St. Francis Dr. N2300

☐ Send an additional report to -----> City: Santa Fe, NM 87502

FIELD DATA ☒ Non-chlorinated ☐ Chlorinated Residual (mg/l): pH: Conductivity (uS/cm): Temperature (deg. C):

AND REMARKS Field remarks:

SAMPLING DOCUMENTATION ☐ NMED monitoring ☐ Compliance ☐ Non-compliance ☐ Split with facility ☒ Grab sample ☐ Composite

☐ Finished water ☒ Raw water ☐ Confirmation ☐ Other Describe:

SAMPLE TYPE ☐ Filtered water ☒ Non-filtered water ☐ Soil/Sediment ☐ Sludge ☐ Blood ☐ Urine ☐ Tissue ☐ Saliva ☐ Swipe/Smear

☐ Other air/liquid/solid Describe:

PRESERVATION ☒ None ☒ Shipped at < 4 C ☐ HCl added to pH < 2 ☐ HNO₃ added to pH < 2 ☐ H₂SO₄ added to pH < 2 ☐ Asc. acid added

☒ Lab to acidify ☐ NaOH added to pH > 12 ☐ Other Describe: lab to acidify

HM ANALYSES LIST

OR ANALYSES LIST

RC ANALYSES LIST 803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)

WC ANALYSES LIST

ADDITIONAL ANALYSES

FOR LAB USE ☐ Field preservation confirmed ☐ Preserved to pH > 12 at Lab ☒ Preserved to pH < 2 at Lab Date/Initial: 3 Apr 09 JLE

Lab Remarks:

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature

Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature

Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

July 20, 2009

Request

ID No. 2424881

ANALYTICAL REPORT

SLD Accession No. RC-2009-0061

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: NMED - Ground Water Pollution Preventio
P.O. Box 5469
Santa Fe, NM 87502User: NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 03, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

JUL 24 2009

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 4/1/2009	By: EARLE DIXON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 13:22	In/Near: Milan	SMC-32

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	56.0	4.4	1.5	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	72.6	5.7	1.9	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	53.2	4.4	2.3	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	50.3	4.1	2.1	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	100.	10.	5.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	2.90	0.09	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	3.91	0.40	0.16	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By: 

Nidal Jadalla

7/20/2009

Supervisor, Radiochemistry Section

SMC-32

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
One Form Per Sample		One Form Per Sample		RC0900061	
LAB USE>>> 09 APR -3 PM 12:58 ONLY		DATE <<<TIME STAMP		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 11		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)			
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3		SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):	
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation		FACILITY ID:		SITE ID:	
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley/Cibola		City: Milan State: NM, or change to: NM	
SAMPLING LOCATION: SMC-32					
DATE COLLECTED (MM-DD-YY): 04/01/09		BY (First Last) Name: EARLE DIXON			
TIME COLLECTED (HH:MM 24-hr): 1322		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to ----->		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):		pH: Conductivity (uS/cm): Temperature (deg. C):	
Field remarks:					
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite			
		<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:			
SAMPLE TYPE		<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear			
		<input type="radio"/> Other air/liquid/solid Describe:			
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added			
		<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab		Date/Initial: 3 Apr 09 JDE	
Lab Remarks:					

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
Date Time	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____ & Received by: _____	
Signature Signature	
Additional Transfer If Applicable	
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
Date Time	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____ & Received by: _____	
Signature Signature	

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

August 12, 2009

Request

ID No. 2424879

ANALYTICAL REPORT

SLD Accession No. RC-2009-0063

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD FilesTo: Earl Dixon
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 5469
Santa Fe, NM 87502

GROUND WATER

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 03, 2009

AUG 17 2009

Client:

SLD Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

BUREAU

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 4/1/2009	By: EARLE DIXON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 12:13	In/Near: Milan	SMC-33

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	72.1	5.1	1.2	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	89.4	6.3	1.5	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	65.1	5.3	2.2	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	62.5	5.1	2.1	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	150.	15.	5.0	ug/L	Patel	200.8
13966-29-5	Uranium-234, by Alpha Spec.	53.5	1.52	0.37	piCi/L	Ewing	7500-UC
07440-61-1	Uranium-238, by Alpha Spec.	42.7	1.25	0.31	pCi/L	Ewing	7500-UC
13982-63-3	Radium-226, SDWA Method	0.13	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.50	0.13	0.16	pCi/L	Ewing	904.0



Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

For SDWA Reports: The MCL for gross alpha excludes the contribution from uranium, but this must be calculated from the results. When the "Gross Alpha w/U-nat Reference" value is greater than 7.5 pCi/L, the report should include a value for "Uranium, Mass Concentration" in uG/L. To convert units and exclude the uranium contribution to the gross alpha: 1) Multiply the "Uranium, Mass Concentration" value by 0.67 to convert to pCi/L; 2) Subtract this converted uranium value from the "Gross Alpha w/U-nat Reference"; 3) This calculated amount is what is compared to the gross alpha MCL of 15 pCi/L.

Signature of Nidal on back of form. Signed 8/12/2009.

SMC-33

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
 2424879 SMC 33 One Form Per Sample		 RC0900063 One Form Per Sample			
LAB USE>>> 09 APR - 3 PM 12:58<<< TIME STAMP ONLY		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 11					
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation					
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley/Cibola		City: Milan State: NM, or change to: NM	
SAMPLING LOCATION: SMC - 33					
DATE COLLECTED (MM-DD-YY): 04/01/09		BY (First Last) Name: EARLE DIXON			
TIME COLLECTED (HH:MM 24-hr): 1213		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to ----->		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):		pH: Conductivity (uS/cm): Temperature (deg. C):	
Field remarks:					
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite <input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:			
SAMPLE TYPE		<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear <input type="checkbox"/> Other air/liquid/solid Describe:			
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added <input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 3 Apr 09 JLE			
Lab Remarks:					

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 Date Time
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged
 Released by: _____ & Received by: _____
 Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
 Date Time
 was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged
 Released by: _____ & Received by: _____
 Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD Files

July 7, 2009

Request

ID No. 2424880

ANALYTICAL REPORT

SLD Accession No. RC-2009-0056

To: David Mayerson
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 03, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 4/1/2009	By: EARLE DIXON	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 11:05	In/Near: Milan	SMC-34

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	56.2	4.5	1.8	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	74.1	5.9	2.4	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	49.0	4.2	2.0	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	46.4	4.0	1.9	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	100.	10.	5.0	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.27	0.02	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.46	0.13	0.15	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By:

Nidal Jadalla

7/6/2009

Supervisor, Radiochemistry Section

SMC-34

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
One Form Per Sample 2424880		One Form Per Sample RC0900056			
LAB USE ONLY	DATE 04/01/09 12:58 TIME 11:58 STAMP	<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 11					
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3					
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation		SITE ID:			
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley/Cibola		City: Milan State: NM, or change to: NM	
SAMPLING LOCATION: SMC-34					
DATE COLLECTED (MM-DD-YY): 04/01/09		BY (First Last) Name: EARLE DIXON			
TIME COLLECTED (HH:MM 24-hr): 1105		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to ----->		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):		pH: Conductivity (uS/cm): Temperature (deg. C):	
Field remarks:					
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite			
		<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:			
SAMPLE TYPE		<input type="radio"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear			
		<input type="radio"/> Other air/liquid/solid Describe:			
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added			
		<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify			
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)			
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab		Date/Initial: 3Apr-09 JLE	
Lab Remarks:					

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
Date Time
was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
Signature Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____
Date Time
was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____
Signature Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

Distribution(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD Files

July 6, 2009

Request BY: _____

ID No. 2424872

ANALYTICAL REPORT

SLD Accession No. RC-2009-0053

To: David Mayerson
NMED - Ground Water Pollution Preventio
P.O. Box 5469
Santa Fe, NM 87502User: David Mayerson
NMED GWQ Bureau Abatement and Assessm
P.O. Box 5469
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 10:00	In/Near:	SMC-35

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	111.5	6.9	2.3	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	139.8	8.7	2.8	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	89.9	6.4	2.6	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	86.4	6.2	2.5	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	200.	20.	10.	ug/L	Patel	200.8
13982-63-3	Radium-226, SDWA Method	0.06	0.03	0.02	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.20	0.11	0.16	pCi/L	Ewing	904.0

Notations & Comments:


Uncertainties, sigmas, are expressed as +/- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

Reviewed By: _____

Nidal Jadalla

7/6/2009

Supervisor, Radiochemistry Section

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		ANALYTICAL REQUEST FORM (INTERACTIVE)	
 2424872		One Form Per Sample		One Form Per Sample RC0900053	
LAB USE>>> 09 APR - 1 AM 9:17 DATE 09 APR - 1 AM 9:17 TIME STAMP		<input checked="" type="radio"/> 55321 (GWB - remediation superfund) <input type="radio"/> 55410 (GWB - pollution prevention) <input type="radio"/> 55910 (SWQB - MS) <input type="radio"/> 55920 (SWQB - PSRS)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service) <input type="radio"/> 55420 (DWB - non-reg. contaminants) <input type="radio"/> 64000 (Individual client fee-for-service) <input type="radio"/> OTHER (enter 5-digit user code)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 8		SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3			
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:	
FACILITY / WSS NAME: San Mateo Creek Basin Site Investigation		SITE ID:			
FACILITY LOCATION (if no WSS complete boxes): County: McKinley City: State: NM, or change to:					
SAMPLING LOCATION: SMC-35					
DATE COLLECTED (MM-DD-YY): 3/31/09		BY (First Last) Name: MARK GARMAN			
TIME COLLECTED (HH:MM 24-hr): 1000		Sampler ID #			
SAMPLE INFO CONTACT Phone: 476-3777		Name if not collector: David L. Mayerson			
<input type="checkbox"/> New / Change Address for Submitter ----->		Name:			
<input type="checkbox"/> New / Change Address for WSS / Client ----->		Address: 1190 St. Francis Dr. N2300			
<input type="checkbox"/> Send an additional report to ----->		City: Santa Fe, NM 87502			
FIELD DATA AND REMARKS					
<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l): pH: Conductivity (uS/cm): Temperature (deg. C):					
Field remarks:					
SAMPLING DOCUMENTATION					
<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite					
<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:					
SAMPLE TYPE					
<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear					
<input type="checkbox"/> Other air/liquid/solid Describe:					
PRESERVATION					
<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added					
<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify					
HM ANALYSES LIST					
OR ANALYSES LIST					
RC ANALYSES LIST 803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)					
WC ANALYSES LIST					
ADDITIONAL ANALYSES					
FOR LAB USE					
<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab Date/Initial: 1 Apr 09 TVE					
Lab Remarks:					

Please use **CHAIN OF CUSTODY FORM** when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature

Signature

Additional Transfer If Applicable

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____

was transferred with evidentiary seal(s) (check applicable box) ☐ Not Present ☐ Present & Intact ☐ Present & Damaged

Released by: _____ & Received by: _____

Signature

Signature

Print Form

Form last modified on 12/23/08

Reset Form

SCIENTIFIC LABORATORY DIVISION

P.O. Box 4700
Albuquerque, NM 87196

700 Camino de Salud, NE
[505]-841-2500

RADIOCHEMISTRY SECTION [505]-841-2574

June 19, 2009

Request

ID No. 2424873

ANALYTICAL REPORT

SLD Accession No. RC-2009-0054

Distribution

(x) User 55321
(x) Submitter 541
Client 0-0
(x) SLD Files

To: David Mayerson
NMED GWQ Bureau Abatement and Asse
P.O. Box 5469
Santa Fe, NM 87502

Submitter: David Mayerson
NMED - Ground Water Pollution Prevention S
P.O. Box 26110
Santa Fe, NM 87502

Re: A(n) 'Water, Non-Filtered' sample submitted to this laboratory on April 01, 2009

Client:

SLD: Radiochemistry Section
Scientific Laboratory Division
700 Camino de Salud, NE
P.O. Box 4700
Albuquerque, NM 87196-4700

DEMOGRAPHIC DATA

COLLECTION		LOCATION
On: 3/31/2009	By: MARK GARMAN	Facility: SAN MATEO CREEK BASIN SITE INVESTIGATION
At: 16:15	In/Near:	SMC-36

Analytical Results

CAS No.	Analyte	Value	Sigma	D. Lmt.	Units	Analyst	Method
12587-46-1	Gross Alpha w/ Am-241 Reference	110.1	8.2	0.8	pCi/L	Crowell	SM 7110 B
12587-46-1	Gross Alpha w/ U-nat Reference	129.3	9.7	1.0	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Cs-137 Reference	58.4	7.0	1.5	pCi/L	Crowell	SM 7110 B
12587-47-2	Gross Beta w/ Sr/Y-90 Reference	57.0	6.8	1.5	pCi/L	Crowell	SM 7110 B
07440-61-1	Uranium, Mass Concentration	170.	17.	5.0	ug/L	Patel	200.8
13966-29-5	Uranium-234, by Alpha Spec.	78.3	2.26	0.50	pCi/L	Ewing	7500-UC
07440-61-1	Uranium-238, by Alpha Spec.	53.4	1.60	0.25	pCi/L	Ewing	7500-UC
13982-63-3	Radium-226, SDWA Method	0.01	0.01	0.01	pCi/L	Valdez	903.1
15262-20-1	Radium-228, SDWA Method	0.25	0.12	0.15	pCi/L	Ewing	904.0

Notations & Comments:

Uncertainties, sigmas, are expressed as +- one standard deviation, i.e. one standard error. Small negative or positive values which are less than two(2) standard deviations should be interpreted as: "not detected": as "less than the detection limit (<d.Lmt.)" when reported; or "less than twice the standard deviation".

For SDWA Reports: The MCL for gross alpha excludes the contribution from uranium, but this must be calculated from the results. When the "Gross Alpha w/U-nat Reference" value is greater than 7.5 pCi/L, the report should include a value for "Uranium, Mass Concentration" in uG/L. To convert units and exclude the uranium contribution to the gross alpha: 1) Multiply the "Uranium, Mass Concentration" value by 0.67 to convert to pCi/L; 2) Subtract this converted uranium value from the "Gross Alpha w/U-nat Reference"; 3) This calculated amount is what is compared to the gross alpha MCL of 15 pCi/L.

Signature of Nidal on back of form. Signed 6/19/2009.

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)

F 2424873		One Form Per Sample		Scientific Laboratory Division 700 Camino de Salud NE - PO Box 4700 Albuquerque, NM 87196 - 4700 Phone 505 841 2500		One Form Per Sample		RC0900054	
LAB USE>>> 09 APR - 11 9:17 ONLY		DATE <<<TIME STAMP		<input checked="" type="radio"/> 55321 (GWB - remediation superfund)		<input type="radio"/> 55000 (DWB - SDWA - fee-for-service)		<input type="radio"/> 55420 (DWB - non-reg. contaminants)	
LAB USE - SAMPLE TEMPERATURE (deg. C): 8				<input type="radio"/> 55410 (GWB - pollution prevention)		<input type="radio"/> 55420 (DWB - non-reg. contaminants)		<input type="radio"/> 64000 (Individual client fee-for-service)	
SAMPLE PRIORITY: (1, 2, 3 - call Lab if 1 or 2) 3				<input type="radio"/> 55910 (SWQB - MS)		<input type="radio"/> 64000 (Individual client fee-for-service)		<input type="radio"/> OTHER (enter 5-digit user code)	
SUBMITTER CODE (3-digit): 541		WSS ID (xxxxxxxx):		FACILITY ID:		SITE ID:			
FACILITY / WSS NAME:		San Mateo Creek Basin Site Investigation							
FACILITY LOCATION (if no WSS complete boxes):		County: McKinley		City:		State: NM, or change to:			
SAMPLING LOCATION:		SMC-36							
DATE COLLECTED (MM-DD-YY): 3/31/09		BY (First Last) Name: MARK GARMAN		SAMPLER ID #					
TIME COLLECTED (HH:MM 24-hr): 1615		Name if not collector: David L. Mayerson		Address: 1190 St. Francis Dr. N2300		City: Santa Fe, NM 87502			
SAMPLE INFO CONTACT Phone: 476-3777		Name:		Address:		City:			
<input type="checkbox"/> New / Change Address for Submitter		<input type="checkbox"/> New / Change Address for WSS / Client		<input type="checkbox"/> Send an additional report to					
FIELD DATA AND REMARKS		<input checked="" type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l):		pH:		Conductivity (uS/cm):		Temperature (deg. C):	
Field remarks:									
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Composite		<input type="checkbox"/> Finished water <input checked="" type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:					
SAMPLE TYPE		<input type="checkbox"/> Filtered water <input checked="" type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear		<input type="checkbox"/> Other air/liquid/solid Describe:					
PRESERVATION		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO ₃ added to pH < 2 <input type="checkbox"/> H ₂ SO ₄ added to pH < 2 <input type="checkbox"/> Asc. acid added		<input checked="" type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe: lab to acidify					
HM ANALYSES LIST									
OR ANALYSES LIST									
RC ANALYSES LIST		803 SDWA sequential with Ra-228, 2 gal. (EPA 900.0/903.1/904.0, etc.)							
WC ANALYSES LIST									
ADDITIONAL ANALYSES									
FOR LAB USE		<input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at Lab <input checked="" type="checkbox"/> Preserved to pH < 2 at Lab		Date/Initial: 1 Apr 09 ME					
Lab Remarks:									

Please use CHAIN OF CUSTODY FORM when requirements mandate

We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
Date Time	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____ & Received by: _____	
Signature Signature	
Additional Transfer If Applicable	
We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____	
Date Time	
was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged	
Released by: _____ & Received by: _____	
Signature Signature	

Print Form

Form last modified on 12/23/08

Reset Form